FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	UNGANIZATION								
FUNIVI I					·	FEC MAIL GENTER			
1. NAME OF COMMITTEE (in	fuli)	(Check is change			nple:If typing, type the lines.	12FE4M	15		
UNITED S	TATES	PRESIC	DENTI	AL E	LECTIONS	FUND	OF MA	RYLAN	P
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ADDRESS (number ar	nd street)	P. O. B	OX 667	7313) 		1111		
(Check if address is changed)		POMPA	NO BE	EAC	H +	FL	33066	<u> </u>	
			C	CITY		STATE	ZII	CODE	
COMMITTEE'S E-MA (Check if is change)	address	-	· =		ress) ectionsFund	PACs@	2 yahoo	,com, ,	<u></u>
COMMITTEE'S WEB	PAGE ADD	RESS (URL)							
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2. date Ö9	Ž 22	° ′ 20 12	Y						
3. FEC IDENTIFIC	CATION NU	MBER	С						
4. IS THIS STATEM	MENT 🔀	NEW (N)	OR		AMENDED (A)				
I certify that I have e	xamined thi	s Statement and	to the best	of my k	nowledge and belief it	is true, corre	ect and comple	ite.	
Type or Print Name of	of Treasurer	DONA	LD RO	CKE	FELLER				
Signature of Treasure	er <u>X</u>	Sonald	Ros	Vefe	ller	Date Ö	9°′ 22°	[′] 2012) Y
NOTE: Submission of					tect the person signifig to		-	s of 2 U.S.C. §4	137g.
Office Use Only					For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2009)	